

ALARM PERMIT APPLICATION

BELTON POLICE DEPARTMENT

711 E. 2nd Avenue Belton, Texas 76513

PHONE: 254-933-5840 OR FAX: 254-933-5835



☐ NEW PERMIT (NO FEE) ☐ INFORMATION UPDATE ONLY (NO FEE) ☐ RENEWAL (NO FEE)
☐ REINSTATEMENT FEE FOR REVOKED PERMIT (UNPAID FEES MUST BE PAID FIRST)

PLEASE CHECK THE BOX THAT APPLIES:

☐ RESIDENTIAL ALARM SITE (Voluntary) ☐ BUSINESS (Required)

RESIDENT OR BUSINESS NAME: _____

ALARM LOCATION: _____
STREET CITY STATE ZIP

PHONE NUMBER(S) OF ALARM LOCATION: _____

EMAIL ADDRESS: _____

NOTE: ALL CORRESPONDENCE WILL BE MAILED TO THE BILLING ADDRESS

BILLING ADDRESS: _____
(IF DIFFERENT THAN ABOVE) STREET CITY STATE ZIP

ATTENTION: _____
NAME POSITION PHONE

HOMEOWNER/BUSINESS OWNER'S NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP

PHONE NUMBER(s): _____
HOME PHONE WORK PHONE CELL PHONE

EMAIL ADDRESS: _____

CONTINUED ON BACK. PERMIT MUST BE SIGNED BY PROPERTY OWNER OR MANAGER.

PLEASE LIST 1-3 CONTACTS WHO CAN RESPOND WITHIN 30 MINUTES AT THE REQUEST OF AN OFFICER

NAME: HOME PHONE: CELL PHONE: WORK PHONE:

- A. _____
- B. _____
- C. _____

ALARM SYSTEM INFORMATION:

NAME OF MONITORING COMPANY: _____

ADDRESS: _____
STREET/PO BOX CITY STATE ZIP

NAME OF ALARM COMPANY (IF DIFFERENT FROM ABOVE): _____

ADDRESS: _____
STREET/PO BOX CITY STATE ZIP

PLEASE CHECK ALL THAT APPLIES:

☐ BURGLARY ☐ HOLDUP/ROBBERY ☐ PANIC DURESS ☐ AUTOMATICALLY RESETS?
☐ MANUALLY RESETS ☐ SILENT ☐ AUDIBLE ☐ BOTH

DATE OF INSTALLATION: _____ DATE OF LAST ALARM INSPECTION: _____
SPECIAL COMMENTS REGARDING PREMISES: (PETS, HAZARDS, ETC.) _____

ALL COMMERCIAL ALARM LOCATIONS MUST POSSESS A VALID PERMIT WITH THE CITY OF BELTON POLICE DEPARTMENT (UNLESS THE ALARM ONLY ALERTS THE OWNER/MANAGER OF THE PROPERTY). IT IS THE ALARM OWNER'S RESPONSIBILITY TO PREVENT FALSE ALARMS AND TO ENSURE THAT ALL USERS ARE TRAINED IN THE USE OF THE ALARM SYSTEM. ADDITIONALLY, IT IS THE RESPONSIBLE PARTIES' DUTY TO NOTIFY THE ALARM ADMINISTRATOR OF ANY CHANGES TO THE ALARM PERMIT. PERMITS RENEW EVERY 3 YEARS.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO ACCEPT COMPLETE RESPONSIBILITY FOR ANY AND ALL CHARGES AND OR FEES ACCRUED BY MY ALARM SYSTEM IN ACCORDANCE WITH THE CITY OF BELTON ALARM ORDINANCE NO. 2013-26.

PRINTED NAME SIGNATURE OWNER/MANAGER DATE

PRINTED NAME SIGNATURE OWNER/MANAGER DATE

If you have any questions about this permit, please visit the City of Belton's website at www.belontexas.gov or you may contact the Alarm Administrator's office at 254-933-5840, Monday- Friday, 8am-5pm.